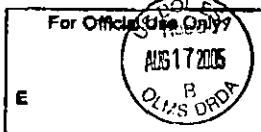


U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington, DC 20210

# **FORM LM-30** **LABOR ORGANIZATION OFFICER AND** **EMPLOYEE REPORT**

Form approved  
Office of Management  
and Budget  
No. 1216-0188  
Expires 11-30-2008

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

REVISED 8/09/05

1. File Number U- <u>NEW 5398</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>JOHN J PASSIGLIA</u>  P.O. Box, Bldg., Room No., if any _____ Street <u>108 HAWTHORNE PL, APT 5</u> City <u>COLUMBIA</u> State <u>IL</u> ZIP Code + 4 <u>62236</u>	3. Name, file number, and address of labor organization. Name <u>BOILERMAKERS LOCAL 363</u> Labor Organization File Number <u>007046</u> P.O. Box, Building and Room Number, if any _____ Street <u>2358 MASCOUTAH AVE</u> City <u>BELLEVILLE</u> State <u>IL</u> ZIP Code + 4 <u>62220</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
3. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u>  7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/9 / 05</u> Date	<u>618-234-8843</u> Telephone Number

Name of Person Filing <b>JOHN J PASSIGLIA</b>		File Number U- <b>NEW</b>	
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <u>N/A</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>9. Business deals with:</b>  <div style="text-align: right; padding-right: 20px;"><b>N/A</b></div> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b>    <b>11.b. Approximate dollar value of such dealing.</b> _____ <b>12.a. Nature of interest held or income received.</b>    <b>12.b. Amount</b>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <u>ALLISON KNAPP &amp; SIERMANN, LTD.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>2810 FRANK SCOTT P/WAY WEST - SUITE 704</u> City <u>BELLEVILLE</u> State <u>IL</u> ZIP Code + 4 <u>62223</u>	<b>14.a. Nature of payment.</b>  <u>BUILDERS GOLF TOURNAMENT</u>
<b>13.a. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/>	<b>14.b. Amount of payment.</b>  <u>\$ 125.00</u>

Name of Person Filing <b>JOHN J PASSIGLEA</b>		File Number U- <b>NEW</b>	
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <u>N/A</u>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9. Business deals with:</b>  <div style="text-align: right; padding-right: 20px;"><u>N/A</u></div> <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
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<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b>     <b>11.b. Approximate dollar value of such dealing.</b> _____  <b>12.a. Nature of interest held or income received.</b>     <b>12.b. Amount</b> _____
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**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <u>GHP</u>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street <u>111 CORPORATE OFFICE DR. # 400</u>  City <u>EARTH CITY</u>  State <u>MO</u> ZIP Code + 4 <u>63045</u>	<b>14.a. Nature of payment.</b>  <div style="display: flex; justify-content: space-between;"> <span>CARDINAL BASEBALL TICKETS</span> <span>\$133.00</span> </div> <div style="display: flex; justify-content: space-between;"> <span>LUNCH</span> <span>39.00</span> </div>
<b>13.a. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/>	<b>14.b. Amount of payment.</b> <span style="float: right;"><u>\$ 172.00</u></span>

Name of Person Filing <b>JOHN J PASSIGLIA</b>		File Number U- <b>NEW</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <u>N/A</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	<b>9. Business deals with:</b>  <div style="text-align: right; padding-right: 20px;"><b>N/A</b></div> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	<b>11.a. Nature of such dealing.</b>   <b>11.b. Approximate dollar value of such dealing.</b> _____ <b>12.a. Nature of interest held or income received.</b>   <b>12.b. Amount</b>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <u>BOILERMAKERS LOCAL 363 SUPPLEMENTAL TRAINING AND EDUCATIONAL FUND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>2358 MASCOUTAH AVE</u> City <u>BELLEVILLE</u> State <u>IL</u> ZIP Code + 4 <u>62220</u>	<b>14.a. Nature of payment.</b>  <u>REIMBURSEMENTS FOR TRAINING BUSINESS MEALS</u>
<b>13.a. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/>	<b>14.b. Amount of payment.</b> <u>\$ 133.05</u>